

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION**

In Re: Case No: 18-55620
John Vollmer, and
Doris Vollmer Chapter 13

Debtor(s) Judge John E. Hoffman, Jr.

**DEBTORS' SECOND AMENDED MOTION TO MODIFY
PLAN POST-CONFIRMATION**

The Debtors, by their attorney, hereby move to modify their Chapter 13 plan. In support of this amended motion they aver:

1. The debtors' Chapter 13 plan was confirmed on May 15, 2019.
2. The confirmed Chapter 13 plan, calls for debtors to pay \$3,790.00 per month, beginning October 2020. The general unsecured dividend is 5.76%.
3. Due to Covid-19, debtor husband's employer did not offer him any hours to work from mid March 2020 through October 2020. He has recently resumed his work schedule. Because of this lengthy reduction in income, debtors have fallen behind on household utilities, household maintenance, personal medical care and their Chapter 13 plan payment. Pursuant to the recently enacted CARES Act, H.R. 748, debtors would like to extend their Chapter 13 Plan length to 84 months and reduce the Chapter 13 Plan payment to \$2,580.00 per month for the October 2020. The payment shall increase to \$2,680.00 per month for the months of November and December 2020. Then, beginning January 2021, the plan payment shall increase to \$2,850 for the remainder of the plan.

4. The modification proposed by the debtors will not modify the rights of any secured claim holders. The modification will not modify the rights of the holders of unsecured claims.

5. The modified plan is estimated to complete in 84 months.

6. A proposed modified plan is attached hereto and a copy of the same, together with a copy of this motion, has been sent to the Chapter 13 Trustee, U.S. Trustee, and to the holders of claims.

WHEREFORE, the Debtors pray that they be permitted to amend the plan to conform to the attached amended plan pursuant to 11 U.S.C. Sec. 1329.

DATE: 12/24/2020

/s/ Jennifer G. CaJacob
Jennifer G. CaJacob (0072689)
Attorney for Debtors
470 Olde Worthington Rd., Ste. 200
Columbus, Ohio 43082
(614) 410-6640 Telephone
(614) 364-4800 Facsimile
jennifer@cajacblawgroup.com

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION

In Re:

John Vollmer, and
Doris Vollmer

Case No: 18-55620

Chapter 13

Debtor(s)

Judge John E. Hoffman, Jr.

AMENDMENT TO CONFIRMED CHAPTER 13 PLAN

Now come the debtors herein, to amend the plan to state:

Debtors' plan payment shall be \$2,580.00 in October 2020. The payment shall increase to \$2,680 per month for the months of November and December 2020.
Beginning January 2021, the payment shall increase to \$2,850 for the remainder of the plan. The modified plan shall complete in no more than 84 months.

Dated: 12/24/2020

/s/ Jennifer G. CaJacob
Attorney for Debtors

Debtor Verification

We declare under penalty of perjury that we have read the attached amendments and that they are true and correct to the best of our knowledge, information or belief.

Date: 12/24/2020

/s/ John Vollmer
John Vollmer

/s/ Doris Vollmer
Doris Vollmer

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION

In Re: Case No: 18-55620
John Vollmer, and
Doris Vollmer Chapter 13

Debtor(s) Judge John E. Hoffman, Jr.

NOTICE AND CERTIFICATE OF SERVICE

The undersigned certifies that a copy of the attached Second Amended Motion to Modify Plan Post-Confirmation was served electronically or by ordinary US mail this date on the parties whose names and full addresses are listed below and for NOTICE that the attached Second Amended Motion to Modify Plan Post-Confirmation has been filed. The undersigned will present to the Court a proposed order granting the Amended Motion to Modify Plan Post-Confirmation sought unless within twenty-one (21) days after this date a written memorandum in opposition, along with a request or a hearing on such opposition, is filed with the Clerk of Court, 170 N. High Street, Columbus, Ohio and served on the undersigned.

DATE: 12/24/2020

/s/ Jennifer G. CaJacob
Jennifer G. CaJacob (0072689)
470 Olde Worthington Rd., Ste. 200
Columbus, Ohio 43082
Attorney for Debtors
(614) 410-6640 Telephone
(614) 364-4800 Facsimile
jennifer@cajacoblawgroup.com

SERVED ELECTRONICALLY:

Faye D. English
Chapter 13 Trustee

U.S. Trustee

SERVED VIA REGULAR U.S. MAIL

See attached creditor mailing matrix

Fill in this information to identify your case:

| | |
|---|----------------------------------|
| Debtor 1 | John Vollmer |
| Debtor 2 | Doris Vollmer |
| (Spouse, if filing) | |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF OHIO |
| Case number (if known) | 18-55620 |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

Employed

Employed

Not employed

Not employed

Occupation

Clerk

Employer's name

Lowe's Garden Center

Employer's address

**4141 Morse Crossing
Columbus, OH 43219**

How long employed there?

5.5 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|-----------------------|--|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ 1,238.55 | \$ 0.00 |
| 3. Estimate and list monthly overtime pay. | 3. +\$ 0.00 | +\$ 0.00 |
| 4. Calculate gross Income. Add line 2 + line 3. | 4. \$ 1,238.55 | \$ 0.00 |

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|-------------------------|---------------------|--|
| Copy line 4 here | \$ 1,238.55 | \$ 0.00 |

5. List all payroll deductions:

5a. **Tax, Medicare, and Social Security deductions**
 5b. **Mandatory contributions for retirement plans**
 5c. **Voluntary contributions for retirement plans**
 5d. **Required repayments of retirement fund loans**
 5e. **Insurance**
 5f. **Domestic support obligations**
 5g. **Union dues**
 5h. **Other deductions.** Specify: _____

| | | |
|------|------------------|------------------|
| 5a. | \$ 136.88 | \$ 0.00 |
| 5b. | \$ 0.00 | \$ 0.00 |
| 5c. | \$ 0.00 | \$ 0.00 |
| 5d. | \$ 0.00 | \$ 0.00 |
| 5e. | \$ 0.00 | \$ 0.00 |
| 5f. | \$ 0.00 | \$ 0.00 |
| 5g. | \$ 0.00 | \$ 0.00 |
| 5h.+ | \$ 0.00 | + \$ 0.00 |

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6. **\$ 136.88** **\$ 0.00**

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. **\$ 1,101.67** **\$ 0.00**

8. List all other income regularly received:

8a. **Net income from rental property and from operating a business, profession, or farm**

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. **\$ 0.00** **\$ 0.00**

8b. **Interest and dividends**

8b. **\$ 0.00** **\$ 0.00**

8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive**

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. **\$ 0.00** **\$ 0.00**

8d. **Unemployment compensation**

8d. **\$ 0.00** **\$ 0.00**

8e. **Social Security**

8e. **\$ 1,698.63** **\$ 1,614.80**

8f. **Other government assistance that you regularly receive**

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f. **\$ 0.00** **\$ 0.00**

8g. **Pension or retirement income**

8g. **\$ 1,422.27** **\$ 0.00**

8h. **Other monthly income.** Specify: _____

8h.+ **\$ 0.00** **+ \$ 0.00**

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. **\$ 3,120.90** **\$ 1,614.80**

10. Calculate monthly income. Add line 7 + line 9.

10. **\$ 4,222.57** **+ \$ 1,614.80** = **\$ 5,837.37**

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11. **+\$ 0.00**

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. **\$ 5,837.37**

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: _____

Fill in this information to identify your case:

Debtor 1 **John Vollmer**
Debtor 2 **Doris Vollmer**
(Spouse, if filing)
United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**
Case number **18-55620**
(If known)

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Do not state the
dependents names.

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

4a. \$ **0.00**
4b. \$ **0.00**
4c. \$ **170.00**
4d. \$ **0.00**
5. \$ **0.00**

5. Additional mortgage payments for your residence, such as home equity loans

| | | |
|--|--|----------------------|
| 6. Utilities: | 6a. Electricity, heat, natural gas | 6a. \$ <u>375.00</u> |
| | 6b. Water, sewer, garbage collection | 6b. \$ <u>135.00</u> |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>320.70</u> |
| | 6d. Other. Specify: _____ | 6d. \$ <u>0.00</u> |
| 7. Food and housekeeping supplies | 7. \$ <u>450.00</u> | |
| 8. Childcare and children's education costs | 8. \$ <u>0.00</u> | |
| 9. Clothing, laundry, and dry cleaning | 9. \$ <u>50.00</u> | |
| 10. Personal care products and services | 10. \$ <u>90.00</u> | |
| 11. Medical and dental expenses | 11. \$ <u>375.00</u> | |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ <u>300.00</u> | |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ <u>45.00</u> | |
| 14. Charitable contributions and religious donations | 14. \$ <u>0.00</u> | |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ <u>0.00</u> | |
| 15b. Health insurance | 15b. \$ <u>360.67</u> | |
| 15c. Vehicle insurance | 15c. \$ <u>316.00</u> | |
| 15d. Other insurance. Specify: _____ | 15d. \$ <u>0.00</u> | |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. \$ <u>0.00</u> | |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ <u>0.00</u> | |
| 17b. Car payments for Vehicle 2 | 17b. \$ <u>0.00</u> | |
| 17c. Other. Specify: _____ | 17c. \$ <u>0.00</u> | |
| 17d. Other. Specify: _____ | 17d. \$ <u>0.00</u> | |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ <u>0.00</u> | |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | \$ <u>0.00</u> | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. \$ <u>0.00</u> | |
| 20b. Real estate taxes | 20b. \$ <u>0.00</u> | |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ <u>0.00</u> | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ <u>0.00</u> | |
| 20e. Homeowner's association or condominium dues | 20e. \$ <u>0.00</u> | |
| 21. Other: Specify: _____ | 21. +\$ <u>0.00</u> | |
| 22. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ <u>2,987.37</u> | |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ <u>2,987.37</u> | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | | |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I. | 23a. \$ <u>5,837.37</u> | |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$ <u>2,987.37</u> | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ <u>2,850.00</u> | |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. | Explain here: _____ | |

Label Matrix for local noticing

0648-2

Case 2:18-bk-55620

Southern District of Ohio

Columbus

Thu Dec 24 14:53:56 EST 2020

American Honda Finance Corporation

PO Box 997518

Sacramento, CA 95899-7518

Synchrony Bank
c/o PRA Receivables Management, LLC
PO Box 41021
Norfolk, VA 23541-1021

Wilmington Savings Fund Society, FSB
AMIP Management
3020 Old Ranch Parkway, Suite 180
Seal Beach, CA 90740-2799

Asst US Trustee (Col)
Office of the US Trustee
170 North High Street
Suite 200
Columbus, OH 43215-2417

(p)BANK OF AMERICA
PO BOX 982238
EL PASO TX 79998-2238

Bank of America, N.A.

P O Box 982284

El Paso, TX 79998-2284

Bethany J. Hamilton
Assistant United States Attorney
303 Marconi Boulevard, Suite 200
Columbus, OH 43215-2840

Capital One
PO Box 30285
Salt Lake City, UT 84130-0285

Citicards

PO Box 6500

Sioux Falls, SD 57117-6500

City of Columbus
Income Tax Division
50 West Gay St., 4th Floor
Columbus, OH 43215-9037

City of Columbus Division of Income Tax
77 N front St 2nd Floor
Columbus OH 43215-1895

Columbus Appraisal Company, LLC

520 S State St, Ste 186

Westerville, OH 43081-2970

Comenity Bank/Petland
PO Box 182120
Columbus, OH 43218-2120

Department Stores National Bank
c/o Quantum3 Group LLC
PO Box 657
Kirkland, WA 98083-0657

Huntington National Bank

41 S. High St.

Columbus, OH 43215-3406

I C Systems Collections
PO Box 64378
Saint Paul, MN 55164-0378

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Kohls Department Store

PO Box 3115

Milwaukee, WI 53201-3115

LVNV Funding, LLC its successors and assigns
assignee of Citibank, N.A.
Resurgent Capital Services
PO Box 10587
Greenville, SC 29603-0587

LVNV Funding, LLC its successors and assigns
assignee of MHC Receivables, LLC and
FNBM, LLC
Resurgent Capital Services
PO Box 10587
Greenville, SC 29603-0587

(p)DSNB MACY S

CITIBANK

1000 TECHNOLOGY DRIVE MS 777

O FALON MO 63368-2222

Midland Funding DE LLC
8875 Aero Drive, Suite 200
San Diego, CA 92123-2255

Midland Funding LLC
PO Box 2011
Warren, MI 48090-2011

PRA Receivables Management, LLC

PO Box 41021

Norfolk, VA 23541-1021

(p)PORTFOLIO RECOVERY ASSOCIATES LLC
PO BOX 41067
NORFOLK VA 23541-1067

Sears/CBNA
PO Box 6497
Sioux Falls, SD 57117-6497

Synchrony Bank/Care Credit

PO Box 965036

Orlando, FL 32896-5036

Synchrony Bank/JCPenney
PO Box 965064
Orlando, FL 32896-5064

The Huntington National Bank
PO Box 89424
Cleveland, OH 44101-6424

U.S. Bank Trust National Association as
Trustee of the Igloo Series IV Trust
c/o SN Servicing Corporation
323 Fifth Street
Eureka, CA 95501-0305

US Attorney General
Main Justice Building Room 5111
10th & Constitution Ave. NW
Washington, DC 20530-0001

US Bank NA
c/o SN Servicing Corporation
323 5th Street
Eureka, CA 95501-0305

Verizon
by American InfoSource as agent
PO Box 248838
Oklahoma City OK 731248838

Wells Fargo Bank, N.A.
1000 Blue Genitian Road
Eagan, MN 55121-7700

Wells Fargo Home Mortgage
7255 Baymeadows Wa
PO Box 10335
Des Moines, IA 50306-0335

Wilmington Savings Fund Society, FSB
C/O AMIP Management
3020 Old Ranch Parkway, Suite 180
Seal Beach, CA 90740-2799

Doris Vollmer
6011 Sharon Woods Blvd.
Columbus, OH 43229-2646

Faye D. English
Chapter 13 Trustee
10 West Broad Street
Suite 1600
Columbus, OH 43215-3416

Jami S Oliver
Oliver Law Offices, Inc.
655 Metro Pl. S.
Suite 600
Dublin, OH 43017-3394

Jennifer G CaJacob
470 Olde Worthington Rd.
Suite 200
Westerville, OH 43082-9127

John Vollmer
6011 Sharon Woods Blvd.
Columbus, OH 43229-2646

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

Bank of America
PO Box 982235
El Paso, TX 79998

Macy's
Bankruptcy Processing
PO Box 8053
Mason, OH 45040

Portfolio Recovery Associates
120 Corporate Blvd.
Suite 100
Norfolk, VA 23502

(d)Portfolio Recovery Associates, LLC
PO Box 41067
Norfolk, VA 23541

(d)Portfolio Recovery Associates, LLC
POB 41067
Norfolk VA 23541

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)Ohio Department of Taxation

(u)US Bank Trust, NA

(u)Wells Fargo Bank, N.A.

End of Label Matrix
Mailable recipients 41
Bypassed recipients 3
Total 44